

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049235

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 7

FILED JAN 7 1963

1. PLACE OF DEATH

a. COUNTY SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SIKESTON

Length of stay in lb
50 MINUTES

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SCOTT

c. CITY OR TOWN SIKESTON

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
139 FIFTH STREET

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

LESTER

WILLIAMS

4. DATE OF DEATH

Month

Day

Year

12-30-62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

10. IF UNDER 1 YEAR

11. IF UNDER 24 HR

Aug. 6, 1912 50

Months 4

Days 24

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Anchor Toy Co.

11. BIRTHPLACE (City and state or country)

Lake County, Tenn

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Williams

13b. MOTHER'S MAIDEN NAME

Maggie Bromley

14. NAME OF HUSBAND OR WIFE

Lorene Turley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Address

26 Lorene Williams, Sikeston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1/2 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/29/62 to 12-30-62 and last saw her alive on 12-30-62
Death occurred at 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Wm. C. Critchlow M.D.

Sikeston, Mo

Dec 31, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or country)

(State)

Burial

Jan. 1, 1963

Matthews Cemetery

Matthews, Mo.

24. FUNERAL DIRECTOR

Address

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Albritton Funeral Home, Sikeston, Mo.

Jan 4 - 1963

Janette Waldman

APR 16 1963

JAN 16 1963

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berlin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Dec 30 - 1962